

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-2299.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 1-23-02.
- b. The request was received on 6-24-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA
 - c. EOB
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
No Response noted in the dispute packet.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR 116) that was mailed to the Requestor on 7-12-02. The Requestor did not respond as required by Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). No response was noted from the Respondent in the dispute packet. The "No Response Submitted Sheet" is submitted as Exhibit II.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 4-19-02:
"The TWCC-69 was attached to the original claim along with the narrative and IR worksheet. You denied payment stating that it was part of the MMI determination (99455-L2-WP). You are incorrect. CPT code 99455 is for the office visit, calculations, narrative and IR worksheet. The latter two items were attached to the TWCC-69. 99455 does NOT include the TWCC-69, rather TWCC-69 is paid separately as required by law as stated in TWCC rule 133.106 (f) (1)."

2. Respondent: No response noted in the dispute packet.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 1-23-02.
- The Carrier has denied the disputed services as “G90 – Included in Global Fee. The value of this service is included in the value of another service billed on the same date.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
1-23-02	99080-69	\$15.00	\$-0-	G90	DOP	MFG; Evaluation/Management Ground Rules (XXII) (D); CPT Descriptor	<p>The Carrier has denied the disputed service as “G90 – Included in Global Fee. The value of this service is included in the value of another service billed on the same date.”</p> <p>Pursuant to the MFG Evaluation/Management Ground Rules, “If the treating doctor does all of the examination and assignment of MMI and the impairment rating except testing, then the treating doctor shall bill using the code 99455 with the modifier “-26”. This examination includes the treating doctor’s assessment, evaluation, the preparation and submission of reports, calculation tables, figures and worksheets...”.</p> <p>Therefore, no additional reimbursement is recommended.</p>
Totals		\$15.00	\$-0-				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 25th day of November 2002.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll